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IN THE HIGH-SCHOOL LABORATORY
National Go-to-School Drive

UNITED STATES
DEPARTMENT OF LABOR
CHILDREN'S BUREAU



THE CHILD

MONTHLY BULLETIN

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UNITED STATES
DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY



CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

• NATIONAL GO-TO-SCHOOL DRIVE •

High-school enrollment has dropped seriously since the start of war. It is threatened with still further declines. Employment of boys and girls has soared. To rally young people of high-school age back into school, citizens throughout the Nation are urged to join in a National Go-to-School drive.

Launching this national campaign, which has the endorsement of the War Manpower Commission and the cooperation of the Office of War Information,

are the Children's Bureau and the U. S. Office of Education.

Both agencies are calling upon parents, teachers, employers, civic leaders, and young people themselves—both in national organizations and in community groups—to mobilize for action now. To help communities shape up their campaigns, a handbook of facts and appeals has been prepared. For your copy, write to the Children's Bureau.

A MESSAGE FROM THE CHIEF OF THE CHILDREN'S BUREAU

Youth! That pay envelope looks pretty good, doesn't it? But when you have spent the money, it's gone. Education is something you cannot spend or lose, something no one can ever take away from you. Without it, you can perhaps make a living; with it, you can make living worth while. Go to school!

Parents! Of course you are proud of your children for the work they have done this summer and the money they have earned. But *you* remember the years, not so long ago, when there were a hundred people looking for every job and youngsters who hadn't finished high school couldn't even get a chance to work as learners. And you realize, as few children can, how education broadens a person's interests and develops his ability to deal with life's difficulties and emergencies. So we are counting on you to see that when the teacher calls the roll this fall, your children answer "Present!"

Teachers! If boys and girls of legal working age continue in school it is because they choose school instead of work. You can help them make this choice by showing them that school "makes sense." You can show them that the world of science is full of excitement, that the world of thought is full of thrills, and that the solid satisfaction of achievement comes with learning as well as with earning. Keep them in school!

Employers! If you have boys and girls of high-school age working for you, tell them frankly about their chances for advancement when the war is over. Will more education be a help to them? Perhaps you can suggest courses that would be an asset to young people starting in with your firm. Perhaps you can cooperate with the schools in a program of school and work combined for youth whose work is really needed. But send them back to school!

KATHARINE F. LENROOT,
Chief, Children's Bureau

FACTS ABOUT THE GO-TO-SCHOOL DRIVE

- Q. How many more young workers 14 through 17 years of age are there than there were before the war?
- A. In April 1940, according to the decennial census, there were about 900,000; in the summer of 1943, about 5,000,000; in April 1944, nearly 3,000,000; in the summer of 1944, probably more than 5,000,000.
-
- Q. How much have enrollments in high schools fallen off?
- A. The enrollment in public and private high schools together has fallen 14 percent—from a peak of 7,244,312 in 1940-41 to 6,216,119 in 1943-44.
-
- Q. But isn't much of this decrease due to the fact that the total population in this age group has been declining since 1940?
- A. Not more than one-fourth of the drop in high-school enrollments is due to the decrease in the population of high-school age.
-
- Q. What is the aim of the drive?
- A. The aim is to see that boys and girls who have been holding vacation jobs return to school this fall, especially if they have not completed high school.
-
- Q. But suppose it is really necessary for them to work?
- A. For those who must work, it is usually possible to plan a well-balanced program combining supervised employment with a modified school course.
-
- Q. How can national organizations concerned with youth and education help in the drive?
- A. National organizations can announce the drive, get the cooperation of their local groups and affiliated organizations, help local groups plan programs, and call for reports on local campaigns.
-
- Q. What kinds of programs are suggested for local groups?
- A. Local groups can schedule go-to-school talks at regular meetings, arrange for group discussions with young people, give dramatic skits, put up posters, prepare radio programs, and ask local papers to carry news stories.
-
- Q. For what date should local campaigns be planned?
- A. Local campaigns should be started well before the opening of school and be featured on Labor Day.

• YOUNG WORKERS IN WARTIME •

Work Accidents to Minors in Michigan

Compensable injuries to minors under 18 years of age in Michigan increased from 357 in 1942 to 1,000 in 1943—an increase of 180 percent—according to reports received by the Michigan Department of Labor and published in its monthly review entitled, "Michigan Labor and Industry" for March and April 1944 (Vol. V, Nos. 3 and 4).

Not all the accidents to minors in the State are represented by these totals, for the figures are based only on injuries reported as compensable under the State workmen's compensation law.

This means that the tabulations exclude minors injured in employment outside the scope and coverage of the compensation law, those whose disability was not serious and did not last beyond the legal "waiting period" of 7 days, and those whose injuries were deemed noncompensable for any other reason at the time they were reported.

The increase in injuries from 1942 to 1943 is probably due in part to the general expansion in Michigan in the employment of minors under 18 years of age, and in part to the fact that more

minors were being hired for occupations in which accidents are likely to occur, especially among workers that are young and inexperienced.

That many more minors under 18 years were employed in Michigan in 1943 than in 1942 is evidenced by the increase in the number of first regular work permits issued to minors. These figures, which are published along with the industrial-injury statistics, show that first regular work permits increased from 44,883 in 1942 to 81,943 in 1943, a rise of 83 percent.

In using these two sets of figures it should, of course, be borne in mind that the figures on industrial injuries, from a statistical standpoint, are not strictly comparable with the figures on work permits. The statistics on first regular work permits represent only minors who were legally employed, while the industrial-injury statistics undoubtedly include both legally and illegally employed minors.¹ Moreover, the work-permit figures, based as they are on the number of "first regular" work permits issued during each of the 2 years compared, do not represent all the minors of permit age who were working under permits. They include only minors who obtained their first permit for regular work during the given year and exclude those who had vacation permits only and those who had obtained their "first regular" work permit in an earlier year.

The figures regarding the occupations for which injuries to minors were reported in 1942 and 1943 are worth special study. Almost all of them show a rise in the number of injuries from 1942 to 1943. One outstanding increase is in "non-process" occupations in manufacturing, in which the number of injuries jumped from 21 in 1942 to 148 in 1943.

Judging from the increase in the number of injuries to minors in certain industries and occupations that are relatively hazardous, it would appear that more minors under 18 years were working on dangerous jobs in 1943 than in 1942. For example, foundry occupations reported no

injuries to minors in 1942, but 15 in 1943. Injuries in construction rose from 9 to 26; in production of paper and paper goods, from 1 to 17; in the fabrication of metal products, from 1 to 22; in other metal-working occupations, from 5 to 28; in machine-shop and related occupations, from 7 to 56. Warehousing, storekeeping, handling, loading, unloading, and related occupations reported 8 injuries in 1942 as against 47 in 1943. Among motor-vehicle chauffeurs and drivers 4 injuries were reported in 1942 and 18 in 1943. Injuries reported as occurring to "routemen" numbered 5 in 1942 and 17 in 1943.

Occupations that reported at least 20 injuries each for 1943 accounted for 779 of the 1943 total of 1,000 injuries to minors under 18 years. They are the following:

Total	779
"Nonprocess" occupations in manufacturing.....	148
Machine-shop and related occupations.....	56
Stock clerks	52
Other clerical and kindred occupations.....	48
Warehousing, storekeeping, handling, loading, unloading, and related occupations.....	47
Sales clerks and salespersons.....	45
Occupations in trades and services not elsewhere classified	44
Attendants at recreation and amusement places.....	38
Waiters and waitresses.....	36
Agriculture, forestry, and fishing.....	34
Kitchen workers	29
Metal-working occupations not elsewhere classified..	28
Service occupations not otherwise classified.....	27
Occupations in production of food products not otherwise classified	27
Construction	26
Production of lumber and lumber products.....	26
Processing dairy products.....	24
Production of bakery products.....	22
Fabrication of metal products.....	22

Of the occupations for which fewer than 20 injuries in 1943 were reported almost all reported a larger number than in 1942.

Statistical information on industrial injuries to minors is much needed. The Michigan Department of Labor and Industry is to be congratulated on its continued efforts to make such information available.

¹The Michigan workmen's compensation law includes in its coverage minors injured while illegally employed and provides double the normal compensation rate for them.

Educate and inform the whole mass of the people. Enable them to see that it is to their interest to preserve peace and order, and they will preserve them. They are the only sure reliance for the preservation of our Liberty.—Thomas Jefferson.

• SOCIAL SERVICES FOR CHILDREN •

Juvenile Courts, Detention, and Police

Their Relationships in Community Efforts To Deal With Juvenile Delinquency¹

By GENEVIEVE GABOWER

Consultant, Social Service Division, U. S. Children's Bureau

Juvenile courts are focal points of interest in relation to the ever-current subject of juvenile delinquency. I will consider here these courts, together with the closely related subjects of police departments and detention facilities, and their relationship with other community agencies. In visiting a number of communities and from the reports of others throughout the country, I have found that juvenile-court staffs are taking an active part in community efforts to deal with juvenile delinquency. In some places, there is little such activity because of the shortage and turnover in court staffs. The staff members on the job have more than they can do trying to take care of the daily emergencies. The courts that are particularly active vary as to their starting points, the methods they use, the stages of development reached, and the results achieved. But, in general, their activities fall into two major areas. The first is participation in community plans to develop the services and resources needed for a community-wide program of delinquency prevention and control. The second is improvement of the staffs and program of the courts themselves in order to render a better quality of service to the children and families who come to their attention.

Information Available to Court Staff Basic to Community Planning

In taking part in community activity for the purpose of developing needed resources and facilities to deal with juvenile delinquency, the court staff is acting in accordance with one of its responsibilities. Courts have access to knowledge regarding factors that contribute to delinquency and the lack of resources that are needed to deal with it. They gain this information through social study of individuals coming to their attention. The number of cases studied and the kinds of

problems they present give court staffs a wide variety of information. This information throws into bold relief lack of parental supervision, inflexible and inadequate school programs, lack of supervised leisure-time activities, and absence of spiritual guidance. In brief, it points up all the failures in family and community life that produce children's difficulties.

Court Staffs Cooperate With Individuals and Planning Groups

Court staffs are accepting the responsibility that possession of this information places upon them and are using it in their work with community groups. Information regarding the number of children coming to the court and the problems they present is being used both to show the extent of delinquency and to explain its meaning. Judges and probation officers are attempting also to arouse individuals and groups to action by indicating where they believe certain responsibilities fall. They are continually urging parents to supervise their children more closely, calling on schools to keep their buildings open after hours for supervised recreation, and asking various agencies and groups and also other public officials to take leadership in providing services, facilities, and resources. The methods that they use to reach individuals and groups include speeches at meetings and over the radio, discussion groups, and the giving of information to newspaper and magazine writers.

In addition, judges and probation officers themselves are taking an active part in efforts aimed toward action on specific projects, by heading up committees that make studies of juvenile delinquency. Some specific services have been obtained as a result of studies that showed the need for them. The employment of women in police departments and of child-welfare workers in county departments of public welfare are examples of this; so are the organization of teen-age

¹Paper given at a meeting of the National Probation Association, Cleveland, Ohio, May 22, 1944, under the title, "Community Action to Deal With Juvenile Delinquency."

centers and other projects related to the prevention and control of delinquency.

In working with various citizens, committees, and community groups, the court staffs have another special responsibility. This one grows out of their training for work with people and also out of their experience. It is a responsibility to pass on to other groups some of their knowledge regarding the reasons why people behave as they do and how they could use help in changing from unsatisfactory behavior. This kind of information is particularly needed when planning or legislation is being developed with the aim of preventing or controlling juvenile delinquency. One question that calls for this kind of understanding on the part of the community is—what is the kind and amount of responsibility that parents can be expected to take for their children?

Parents' Failures in Preventing Delinquency Not Sufficiently Understood

The behavior of parents is of greatest concern to some of those who are proposing schemes for the control of delinquency. Some simply state that parents, not children, are delinquent. Others are promoting new plans and legislation to regulate parental responsibility. Present provisions of law are clear: Parents are held responsible for their children to the extent of their ability to care for them. This interpretation is not questioned in the case of the parent who is physically ill and, as a result, unable to provide for and supervise his children. But where the reasons for his failure to do so are less easily understood, people are not so tolerant. This is particularly true in the case of a father who does not keep a job, in the case of the so-called "shiftless" one, and the one who "walks out on his family." That parent may be just as lacking in ability to care for and supervise his children as is the one who is physically ill, but because the reasons for his inability to do so are not understood, there is pressure for regulations that place still more responsibility on him and that provide a penalty for his failure. Those who would deal in this way with parents who fail to meet their responsibilities for these or other reasons are not applying to them the knowledge they use in dealing with juveniles. With the juveniles, they recognize that difficulties of some sort are causing the unacceptable behavior and want to help them to change. But they fail to recognize that parents may also have difficulties that cause them to shirk their responsibilities, and that they, also, may be in grave need of help. Trained and experienced members of the court staff can help community groups in their planning

by interpreting behavior of parents as well as of children. These groups need to be reminded that real progress in preventing or controlling juvenile delinquency results when the welfare of the child is stressed more than the punishment of the parent.

Increase in Number of Cases Requires Cooperation of Related Agencies

Court staffs in some areas have cooperated with other agencies in planning to take care of the increased number of cases. These plans have been directed especially toward the cases of girls who are sex delinquents. In caring for these girls, court staffs have cooperated with public and private agencies, with the police, and with medical authorities in providing social services at the time of arrest, in detention, and in the treatment centers.

One court had been operating for some time on the basis of a written agreement with agencies in the county that provide services to children. This agreement, in its introduction, sets forth the fundamental principles of interagency relationship and the broad scope of service each agency is equipped to provide. The aim of the agreement is to clarify interagency relations, to define practices of individual agencies, to integrate and coordinate all services to children in the county in order to avoid duplication, and to bring about a well-rounded and more effective child-welfare program. The court had found this agreement immensely useful in ordinary times and an added advantage when delinquency cases increased rapidly.

Exchange of Information With Other Agencies Improves Programs

As courts have worked more closely with other community agencies, they have exchanged information about kinds of problems coming to the attention of various agencies and the treatment indicated for them. This exchange has led the courts to reexamine their own programs to see how effective their present methods are and what might be done to improve them. Such reexaminations have resulted in emphasis on the need for more well-qualified staff members and in requests for intake supervisors and case supervisors. Intake supervisors are being especially stressed because of the swollen number of cases flowing into the courts that require immediate attention. The duties of intake officers are to analyze cases at the point where they are received to determine whether they belong in the court and, if not, to refer them to the appropriate agency, to deal with minor cases and, in those cases where investigation by the probation officer seems indicated, to supply accurate data upon which the officer may

begin his study. Where this procedure is used, the number of cases assigned to probation officers has been substantially reduced. This permits more intensive service to the cases they do handle.

Case Supervisors Needed To Improve Quality of Social Services

Case supervisors are being stressed in large courts in order that the social services involved in court work may be improved through placement of over-all responsibility with one person. There is increasing recognition that, regardless of the qualifications and experience of individual probation officers, so long as several are working in the same organization, a review of their work is needed by one person with over-all responsibility. Such supervision helps to insure uniformity in carrying out procedures and policies and to fulfill the purpose designated for the agency by the community. The duties of the supervisor are related to the responsibilities of the court for work within its own organization and for participation in community activities. Within the court, the supervisor helps probation officers to develop a deeper understanding of behavior problems and to improve their skills in dealing with such problems. In his relationships with other agencies, he uses his broad knowledge of problems coming to the attention of the court as a basis for developing plans whereby each agency may make its own contribution to their solution.

Court's Judicial Functions Distinguished From Social-Service Functions

In its work with individual cases, the court has a function that differs from those of all other agencies. Its function is to apply the law in cases that fall within its jurisdiction and in which a judicial decision is necessary. The judge, in carrying out this function, acts with interest in the welfare of the child rather than in his punishment. With this interest, he seeks services that will supply information enabling him to make the best decision possible, and also services to help the child to live within whatever limitations he may place on him, and to develop so that ultimately he can get along satisfactorily in the community without help from the court.

The relation of the social services to the judicial function is receiving more thought and attention than formerly. Social services, in cases under study or investigation, and in those placed on probation to the court, are performed in some areas by officers on the staff of the juvenile court and in others by child-welfare workers from the public

welfare department. In more situations of both kinds it is being found that careful distinction between the job of the judge and the probation officer or between that of the judge and the child-welfare worker brings about the best results. This distinction of functions between the judge and the probation officer is not always understood. The child, his parents, and other agencies in the community are easily confused by the proximity of the probation officer to the judge. They associate with the probation officer the authority to deprive persons of their personal liberty or to limit them in exercising it, whereas, under most laws, exercise of such authority belongs only to the judge. A similar problem arises in distinguishing between the job of the judge and that of the child-welfare worker in areas where a child-welfare worker is performing services that would be the duty of a probation officer if one were employed by the court. Further attention is needed to the clarification of these functions, also further study of the effect that lack of clarification between the function of the judge and the probation officer or the judge and the child-welfare worker has on the progress made in treatment of the child.

Lack of Suitable Detention Facilities a Widespread Problem

As groups in many different communities get together and examine their resources and study their problem of delinquency, they find one of the big problems is lack of detention services. A large number of requests for information to be used in connection with plans for improving detention care are received by the Children's Bureau. The sources of the requests represent a wide interest on the part of individuals and groups. Court staffs are particularly affected by this lack of suitable places of detention for juveniles because of the direct bearing on their work. This inadequacy has been aggravated as the number of children being detained has increased. In addition to the increased number of delinquent children being held, especially adolescent girls, more young (so-called dependent) children are being detained. Moreover, shortages of services and resources in the community are prolonging their stay.

Recently, the Children's Bureau attempted to secure information about the use of boarding homes for detention care through special inquiries and field-staff reports. The use of jails rather than boarding homes for detention purposes was specifically mentioned in 30 States. This widespread use of jail detention is significant in that the information represents only partial coverage and, insofar as it was received in answer to the special inquiries, was given incidentally to the

primary information sought. Conditions in jails have been vividly described by Richard W. Wickes in his article, "There Are Children in Jail," in the December 1943 issue of *Probation*. He tells of adults and children bunked together, filthy pallets and blankets, and diets of dry bread, boiled beans, and black coffee. The effects on children detained under such conditions are typified by excerpts from another jail study which read as follows: "Rosie said she cried and cried until every one thought she was crazy, but it hurt so because she was put in jail," and "Nellie told her mother that if she had to go back to jail, she'd commit suicide."

Improvements in Detention Conditions Attempted in Some States

Several replies to the inquiries made by the Children's Bureau indicated that in several States conditions were improving and the amount of jail detention was decreasing. Replies from several other States indicated concern on the part of law-enforcement officials and told of their efforts to avoid placing children in jail. For example, one sheriff, after arresting a 14-year-old boy who had taken a large sum of money, placed him in a private home while he drove 60 miles to enlist the help of the nearest child-welfare worker in planning so that the boy would not be sent to jail. Reports from several States describe the development in recent years of the use of family boarding homes for detention care of selected children in certain areas. Additional evidence of interest in the problem is the recent action taken by the National Sheriffs' Association. At its meeting in December 1943 it passed a resolution to inform the Nation's sheriffs about better methods of juvenile detention, and to urge every sheriff to advocate the use of separate detention facilities for juvenile delinquents.

Community Concern Brings About Emphasis Upon Better Detention Facilities

These examples show that as communities become aware of the extent to which children are placed in jail, they take steps toward remedying the situation. There have always been some children in jail, but few people realize this. Those who were informed about juvenile-court laws felt satisfied that provisions of those laws prohibiting the placement of children in jail had ended the practice. Today, people are learning that large numbers of children are held in jail under undesirable conditions for long periods of time. Public sentiment is slowly being aroused, and some communities are now ready to demand provision other than in jail for detention of children. Those of us who are connected with court work find

these demands another responsibility that we must help to meet.

Police Are Participating in Community Action To Deal With Delinquency

Police officers, like court personnel, are participating in community action to deal with juvenile delinquency. Their participation varies from community to community. The extent depends somewhat upon their own interest in the problem and also upon the recognition by community agencies and groups of the part police can take in dealing with children. The police are initiating activity themselves as well as being drawn into community-wide planning by other groups. Some examples are an officer of the State highway patrol who initiated a conference between his staff and child-welfare workers, a chief of police who serves as chairman of community coordinating councils, case conferences in which police officers, probation officers, child-welfare workers, and others participate. One outstanding example of participation of the police department with other community agencies that deal with children is the coordination center for community services to children operating in St. Paul. Police officers refer children to the center, where a qualified social worker reviews each case and refers it to the appropriate agency.

Manual Emphasizes Police Responsibility in Preventive Work

Acceptance by police officers of their part in solving the problem of juvenile delinquency is evidenced in a manual recently compiled by the National Advisory Police Committee on Social Protection of the Federal Security Agency. In the manual, police officers state that they have a responsibility in the prevention of juvenile delinquency and that they recognize their function in dealing with the problem as one distinct from that of all other agencies or groups. They state that their function is to enforce laws to control community conditions, to be alert to conditions that contribute to delinquency, to find children who are delinquent and those who are in danger of becoming delinquent, and to refer them to the appropriate agency. They see themselves not as an isolated group working with juveniles but as one of several community agencies that have a responsibility in the delinquency problem, and they outline their plan of work with all other community agencies that deal with juveniles.

Emphasis is also placed in this manual on the importance of the way in which police officers talk to children and act toward them. More and more attention is being paid throughout the country to the need for careful selection of officers

for work with juveniles. Qualifications have been drawn up and are being accepted in various parts of the country, particularly in relation to the employment of policewomen. Qualifications stress a knowledge and understanding of human behavior and a knowledge of how to use all other community resources.

In addition to stressing qualifications before appointment, training classes are being developed for police officers already on the job. Regular police training schools are extending their courses to include lectures on work with juveniles. Other courses are growing out of planning between police departments and universities. In some areas, such courses have been operating for some time; in other areas, they are recent developments. In addition to training on the job, some colleges offer training to prepare persons for police work. At least one State college is offering a full 4-year

course plus 1 year of graduate training in police administration. Training for juvenile work is included in these courses.

As courts, police, and other community agencies work together in developing community projects and in planning for individual cases, they become better acquainted with one another. Each learns that the other agencies operate in accordance with the purpose and responsibilities placed upon them by the community. And they learn that each carries out its purpose in accordance with the methods in which its employees are trained and become experienced. As a result of working together, each agency sees itself in relation to the others with a clearer perspective. Each sees that in order to prevent or control juvenile delinquency, all must make full use of the skills and abilities that are theirs, and that, in a broad sense, the objectives of all are similar.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

BOOK NOTES

DAY NURSERY CARE AS A SOCIAL SERVICE; a discussion of current viewpoints with case material. Pennsylvania School of Social Work, 2419 Pine Street, Philadelphia 3, 1943. 85 pp. 60 cents.

In this collection of six articles by graduates of the Pennsylvania School of Social Work, written out of their current experience in nursery care, the writers emphasize that the social worker, the teacher, and the nurse are essential in nursery care and that if one functions to the exclusion of the other, the child suffers. The place of the social worker in the nursery is clearly drawn. Case illustrations demonstrate the way in which help is given to the child and the parents with problems arising out of separation and the mother's need to work.

This pamphlet comes at a time when there is unusual need for consideration of services essential in providing care for children whose mothers are working. It should be read by workers in the fields of social work, education, and health, taking part in day care for children.

FAMILY BUDGET COUNSELING, edited by Dorothy L. Book. Family Welfare Association of America, 122 East Twenty-second Street, New York, 1944. 92 pp. 65 cents.

This pamphlet is the result of the work done by a committee and subcommittee. The purpose of the pamphlet is to help the case worker become familiar with the variety of economic problems confronting families and to help her in meeting such problems. The material has value in any period, but it is particularly pertinent in wartime, when there are shortages of materials and when many families need advice in regard to the wise expenditure of their funds. Chapter headings include: Family income in wartime; Psychological meaning of money; Planning the budget; Basic budget items; Savings, resources, and credit; Case-work processes; Interrelationships; Bibliography.

THE BOY SEX OFFENDER AND HIS LATER CAREER, by Lewis J. Doshay, M.D., Ph.D. Grune & Stratton, New York, 1943. 248 pp. \$3.50.

The significance of early sex offenses by boys in relation to behavior in later life is studied in this report, which is based upon the cases of 256 boy sex offenders studied and treated at the New York City Children's Court clinics. These comprised all the sex cases among boys (exclusive of the feeble-minded) that appeared in the juvenile-court clinics of all the boroughs of New York City during a period of 6 years.

Follow-up of these cases indicates that a boy sex offender who is given the benefit of court-clinic treatment does not commit sex offenses in later life, and few if any general offenses; this holds true, however, only for boys who are not known to be involved in offensive behavior other than sexual.

The success of the court and the clinic, says the author, does not arise from the direct influence of these agencies, but rather from the circumstance that they provoke into action internal forces of shame and guilt, which resist a return to sexual offenses. These forces, he says, are different from the dominant forces operating in general delinquency, which are internal hate and external fear, defiance, or anxiety for self-defense.

The study showed that prepubescent boys responded more effectively to court-rehabilitation programs than did those brought to court after puberty. The author finds the home rather than the neighborhood the environmental factor most significant in delinquency; and he draws from his study the axiomatic conclusion that no trait, or combination of traits, operates as a specific cause of juvenile sexual delinquency.

• SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN •

Mental Hygiene in the Child-Health Conference¹

BY MARTHA W. MACDONALD, M.D.

Psychiatric Services Adviser, U. S. Children's Bureau

The well-baby clinic or child-health conference is meant to provide health supervision for the infant and preschool child. The quality of service in any individual clinic will depend, of course, upon several factors, but one of the most important ones will be the clinic staff's concept of what is included in health supervision. This may vary from a mere immunization program to a complete advisory service on all phases of care, including nutrition and child development—not only physical development, but intellectual and emotional as well.

The pediatrician appreciates phases of a child's growth other than so many inches and pounds of bony and muscular structure. He knows that a mother and a child must make many compromises in behavior during the whole process of socializing the child. These compromises are most important for the child and involve much more than appears on the surface—much more than merely adjusting schedules and instituting habit patterns. The psychiatrist and the psychiatrically oriented internist agree that the intellectual and emotional aspects of child care and training are medically important and require just as much supervision and advisory service as the physical aspects.

Child-Guidance Service Often Misunderstood by Both Lay and Professional People

It is most unfortunate that both lay and professional people too often think of child guidance as a service for the child who has been misguided and needs some type of redirection. It is true that the bulk of the work done by child-guidance clinics is devoted to children who have personality or behavior difficulties, but as a rule these difficulties could have been avoided if the mother had been better able to understand her child—and herself—during the early weeks and months of the child's life.

The doctor or the nurse in a well-child confer-

ence should discuss with the mother her problems about her child's care and should take advantage of the opportunity the clinic offers to study not only the baby, but the mother. Is the mother one who can be flexible in her use of a schedule, or is she a rigid, overanxious mother who makes a fetish of a schedule and expects her child to behave like an automaton? Will she be spontaneous and natural, or will she be lacking in intuitive ability to know what her child needs? In other words, is she able to use her primitive instinct of mother love, or has it been so repressed that mothering a baby does not come naturally to her? A mother who has a neurotic attitude toward her baby needs all the help she can get in the way of reassurance and simplification of her duties during the first days and weeks of the child's life.

Refusal to Eat May Develop Into a Complex Problem

Let us take some frequent complaints by mothers, which are also well known to pediatricians and child psychiatrists; for example, refusal to eat. General practitioners, public-health nurses, nutritionists, as well as mothers, recognize the significance of this in terms of physical health. These professional workers appreciate also the psychological aspects of the problem insofar as the mother's anxiety has produced it. But how much do any of these appreciate what refusal to eat, if stubbornly persisted in, tells about the child's personality development, his physical conditioning to food, and his future healthy gastrointestinal functioning? There are many degrees of complexity in this problem, many of them stemming out of the mother's simple misunderstanding, others out of deep-seated neurotic anxieties on her part.

Good feeding experience in infancy is a basis for emotional security and the mother who achieves this for her baby is giving him a favorable start toward a healthy and happy life. Of course, the child will need many other things in the way of care and training, but from the stand-

¹Paper given at the 1944 annual meetings of State public health associations, held in cooperation with the American Public Health Association, in Iowa, Minnesota, North Dakota, and Montana.

point of physiology as it relates to personality development and integration, good feeding experience is paramount.

Weaning Is an Important Experience in Emotional Adjustment

In helping a mother to give her baby a good feeding experience, the importance of weaning must be kept in mind by the members of the staff of the well-child conference. Do they realize that weaning is the first great frustration that all children must meet? And do they realize that how a child is helped in adjusting to this experience may affect his ability to cope with the many frustrations that will come during the rest of his life? Do they help the mother to understand that weaning should not take place at the same time as other frustrations and changes? Do they know that the beginning of emotional problems for many children can be traced to difficult weaning?

Coercive toilet training is another type of frustration to the child, the significance of which may not be recognized by either the mother or the busy general practitioner. A physician once said to me when I asked him what he advised mothers to do regarding the toilet training of their infants: "It is rare that a mother asks me about that. If she does, I tell her to use her own judgment. Usually she talks it over with her mother or her friends and decides herself when such training is indicated." In other words this doctor was saying: "It's immaterial when a mother trains her child to be clean or how she trains him. It has no bearing on the child's physical health and is no responsibility of mine." Psychiatrists heartily disagree with this attitude, for they believe that the time and the way in which a child is taught to be responsible for cleanliness are very important—not only from the standpoint of personality development but from the standpoint of psychosomatic functioning.

Enuresis May Be a Symptom of Emotional Stress

A common complaint, disturbing to mothers and uncomfortable for children, is enuresis. This symptom should warn us that all may not be well in the emotional growing up of the child. Child psychiatrists in England believe that the high incidence of enuresis among evacuated children was a bodily reaction to loss of love, to separation from home and mother.

As for temper tantrums—a child's natural response in early childhood to frustration—is the new mother who brings her child to the conference cautioned about the cause of these and about ways of preventing and of treating them? The

child's attitude toward other people and his techniques for getting along with them are being formed during this early period. Are parents advised in the well-child conference how they can avoid situations that unnecessarily provoke a child's hostility, without permitting him to gain dominance over the entire household?

A Child Who Had Not Been "Spoiled"

Some years ago I was asked to see a physician's small son, 14 months of age, a sturdy, well-developed little chap, who was having breath-holding spells with loss of consciousness. Inquiring into the details surrounding the onset of these spells, I found that they occurred daily when he was placed upon the toilet and that they had started about 2 weeks before, when the mother returned from the hospital with a new baby. The child was strapped in his little seat and was left alone, whereupon he would scream until he became unconscious.

The child's mother, a graduate nurse, had trained this little boy to be clean very early. As she said, she had "cared for him according to the letter." She "had not spoiled him by nursing him a lot, or playing with him." He always had his bottle in bed. She had known that she would soon be busy with the second baby, and this little fellow would have to learn to amuse himself and be self-reliant.

This well-fed but underloved baby had accepted premature, coercive toilet training, probably because toilet time was the one time during the day when his mother stayed with him and talked to him. Now, with a new baby, she did not even have this much time to give him. Is it any wonder that he objected in this lusty fashion? Interestingly enough, the father thought that his son had inherited his temper. He said: "I had a vile temper myself as a kid—it was the hardest lesson of my life to learn to control my temper."

Here was a father—a medical man—seeing temper purely on the basis of inheritance and not seeing the role that is played by human relationships and by frustration of the normal needs of infancy. Here were two parents who knew what babies need in the way of calories, vitamins, sunshine, and immunization. But they did not know that their child needed a great deal more in the way of spontaneous mother love—of cuddling—and that he needed freedom from restrictions that had been imposed before he could understand what was expected of him and before his neuromuscular mechanism was mature enough to control his sphincters. These parents did not want to believe, either, that a 14-month-old baby could experience any loss when a new baby arrived in the family. The knowledge these parents lacked was knowledge about human emotion, about the biological and social foundations of emotion.

Supposing both these parents were responsible for advising mothers on the care of small babies, is it not possible that in suggesting such well-intended practices as were carried out with their own child they might actually be creating many so-called child-guidance problems?

Acceptance of Adult Role Depends Upon Early Experiences

As adults, acceptance of our roles as mothers and fathers, as husbands and wives, as men and women, depends upon many subtle childhood experiences with sex curiosity and upon our parents' reaction to our primitive, unsocialized behavior. Personally I believe it is the responsibility of the

physician to immunize the mother to the shocks she will experience when she discovers such behavior in her small child. She needs to know that this is natural curiosity, which the child will control in time, through imitation of adult standards, without the need of being punished, scolded, or shamed. She needs to know that *what* she tells her child when he asks embarrassing questions is much less important than *how* she tells him. Her emotional poise should show that she casually accepts the fitness of the questions, and that she is not shocked and shamed. She needs, too, to be reassured that young children actually want to know much less about sex than she anticipates. Some mothers think that their children are actually more sophisticated than their questions indicate. This mistake is illustrated by the mother whose little daughter ran in from playing one day to demand, "Mother, where did I come from?" The mother thereupon gave a long account of how the child had come into being. After being subjected to this tedious recital, the child shook her head in confusion and said, "Isn't that funny—Mary and I had an argument—she came from Philadelphia and I said I did too and you could prove it!"

Parents May Need Instruction in the Importance of Play

Another important part of a child's life experience is his play. His parents, burdened with a work-a-day world, may underestimate the value of play and may not know what the child needs with regard to opportunities for play, the space that he needs, and the kinds of material that should be available. Here is another chance for child-health-conference workers to instruct the parents in an often-neglected aspect of child development.

In the various child-development problems that I have mentioned, the staff of a well-child conference is in a position to apply really effective mental hygiene in two ways: First, by anticipating certain types of mistakes, and, secondly, by observing minor symptoms of faulty development early enough to help prevent undesirable patterns of reaction from becoming set.

Preventive Techniques Needed Early in Child's Life

The longer a pattern of behavior, thinking, or feeling exists, the harder it is to change. For this reason child psychiatrists more and more are striving to institute preventive techniques at the earliest possible age.

An example of efforts to use preventive techniques early in the child's life is the New Haven Hospital's plan for having pediatric-nursery interns make follow-up visits in the homes of under-

privileged newborn infants, as described by Dr. Edith Jackson of the Yale University School of Medicine at a meeting of the American Orthopedic Association, in February 1944.² This plan grew out of concern over the many infants admitted to the hospital with severe feeding difficulties and related behavior problems, which indicated need for improvement in the professional supervision and guidance of mothers in their relation to their infants—improvement in the earliest phases of this relation. It was found that in addition to giving this group of mothers much-needed help, the home visits have given the interns experience that has stimulated their awareness of the influence of environmental and psychological factors on the behavior of infants and children and of the value of flexibility and individuality in treatment and recommendations.

Mothers Interviewed to Discover Incipient Problems

In an effort to find out what types of incipient problems would be brought to light through reports by mothers—types of problems that would show need for help for the mother in developing a healthy attitude toward her child and good methods of caring for him—Dr. Mabel Huschka, a child psychiatrist at New York Hospital, interviewed the mothers of 57 infants. These infants, ranging in age from 3 to 40 weeks, had been brought by their mothers to the well-baby clinic of the hospital's pediatric out-patient department.³ None of these mothers had been referred to the psychiatrist—none had asked to see a psychiatrist.

Emotional Reactions of Mother a Possible Handicap to Personality

Twenty-six of the mothers showed attitudes or emotional reactions that could be considered a present or future handicap to the child from the point of view of healthy personality development. Only 21 of the mothers impressed the psychiatrist as well-adjusted mothers, happy, realistic, and without anxiety in regard to their babies. For the most part, these anxieties or attitudes were such that the mothers could profit from discussion of their complaints or worries about their babies. The reasons for anxiety were as follows: Twenty of the babies cried excessively, 7 scratched themselves excessively (the hands of 5 of these were being restrained because the mother was afraid to cut the child's nails lest she cut his fingers), 20 sucked their thumbs, 5 showed disturbance in sleeping, and 9 had constipation to a degree that worried their mothers.

²Paper not yet published.

³Huschka, Mabel, M.D., and William K. McKnight, M.D.: Psychiatric Observations in a Well-Baby Clinic. *Psychosomatic Medicine*, Vol. 5, No. 1 (January 1943), pp. 42-50.

On routine inquiry regarding toilet habits, it was found that in 5 of the infants, training had been started before 12 weeks, in 3, at 8 weeks, and in 1, at 4 weeks. One mother had been advised by her nurse in the obstetric service to begin training the child the first day she was out of the hospital, and she left the hospital when the baby was 9 days old!

Temporary Conditioning the Result of Too Early Training

When the average mother is advised by a nurse to carry out such procedures she will attempt to follow the instructions, believing she is both establishing good habits and saving herself much work. The mother does not realize that she is jeopardizing her baby's healthful personality development, nor does she realize that what seems to be a real habit of cleanliness is really only temporary conditioning, which in all likelihood will disappear when the child is 2 or 3 years old, a time when he can make much more trouble by uncleanness than he possibly could as an infant.

Although the well-child conference obviously does not attempt to care for the sick child it can teach the mother a great deal about adequate care for him when he becomes ill. Another thing the conference can do is to set a desirable pattern for the child's future acceptance of doctors and nurses and health examinations.

Child's Fear of Doctors Deprived Him of Needed Care

A boy of 5, with an acute ear infection, showed such fear of doctors that his mother, a widow, was ashamed to take him to the clinic, and he did not receive adequate medical treatment. His ear continued to drain, but it was not painful, and the mother did not insist upon further treatment.

Years later, in high school, he was a lonely boy. He was, on paper, a brilliant student but was considered queer and stupid by his classmates, none of whom realized that he was practically deaf. Sensitive about his deafness, he covered it by pretending to hear when he did not.

After graduation, someone, in an effort to help him get a job, advised him to consult an ear specialist to see whether his hearing could possibly be improved. He finally went to a specialist and was given an unfavorable prognosis. A few days afterward he committed suicide.

This boy's inability to meet life's problems had been fostered by his mother's inability to steel herself to do something that was painful for her. If a doctor, a public-health nurse, or a medical-social worker had been aware of how she felt, some one of them might have helped her get for her boy the medical care he needed when he was a child.

This family had never come to the attention of any social agency. The mother had needed the services of such an agency for years—during the depression, and after her husband's death. But she was not the kind of person to ask spontaneously for help; she was the kind

who waited—waited—for someone to sense her fear and pride. If this mother had been able to find security and reassurance in some professional relationship, it is possible that this story might have had a different ending.

When difficult emotional problems of children appear, the staff of a well-child conference should avail themselves of the consultation service of a child psychiatrist, or if one is not available, of a psychiatric social worker. A clinical psychologist with training and experience in child development may contribute additional insight into the intellectual development of the child. When medical-social problems are present a medical-social worker should be consulted.

Staff of Conference Should Know Community Facilities

The staff of a well-child conference should be familiar with community facilities, such as social agencies, and should know how each type of service can be obtained. Referrals of this type are just as much the responsibility of conference staff as referral of the physically sick child to the physician.

In these remarks I have intended to stress the fact that not only patterns of behavior, but also patterns of physical functioning, are laid down in the very early months of life and that these patterns can be conditioned, depending upon the mother's knowledge of her child's needs and her ability to meet them.

The staff of the well-child conference has the opportunity and, I should like to say, the responsibility, of applying true preventive techniques in the field of mental hygiene. These techniques need not be so complicated as one might think. The principle upon which they rest is an extremely simple one—not only that "Babies Are Human Beings," as Dr. Aldrich has said, but that mothers too are human beings.

Staff members of well-child conferences who are interested in knowing more of the emotional development of infants and young children may find the following publications useful: *Babies Are Human Beings*, by C. Alderson Aldrich, M.D., and Mary M. Aldrich (Macmillan Co., New York, 1938, 128 pp.); *Child Care and Training*, by Marion L. Faegre and John E. Anderson (University of Minnesota Press, Minneapolis, Fourth edition, 1937, 327 pp.); *Infants Without Families*, by Anna Freud and Dorothy T. Burlingham (International University Press, New York, 1944, 128 pp.); *The Parents' Manual—A Guide to the Emotional Development of Young Children*, by Anna W. M. Wolf (Simon and Schuster, New York, 1941, 332 pp.); *The Psychological Aspects of Pediatric Practice*, by Benjamin Spock, M.D., and Mabel Hushka, M.D. (reprinted by the New York State Committee on Mental Hygiene from the Practitioners Library of Medicine and Surgery, Vol. 13, pp. 757-808, New York, 1938); *War and Children*, by Anna Freud and Dorothy T. Burlingham (Medical War Books, New York, 1943, 191 pp.).

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

New Mental-Health Program in the Children's Bureau

As a step toward meeting the mental-health needs of children on a broad and comprehensive basis, a new mental-health program has been established in the Children's Bureau, to begin September 1, 1944. With the absence from home of thousands of men and women in the military service, with the migration of millions to war industrial centers, and with the increased mobility of the population in general, family life has been disturbed and broken up, and children are losing the security and stability that a strong family unit gives. The Bureau finds it of the greatest importance to give attention to the mental and emotional problems of children at this time and is mobilizing its resources to meet the growing need for a program dealing with such problems, which become more evident as the strain of war increases.

The new program will encourage the incorporation of sound projects of mental health as an integral part of the general child-health and child-welfare programs and the development of adequate treatment resources for children who are emotionally disturbed, maladjusted, psychotic, or mentally deficient.

The broad outlines of the program will be

planned by a committee, of which the chairman is the Chief of the Bureau. The members of the Children's Bureau staff assigned to the mental-health work will be Dr. Martha W. MacDonald, psychiatric services adviser; Elsa Castendyck, consultant in social service; and Sybil Stone, psychologist.

Day Care of Children Under Two Discussed

A group of authorities in the fields of child health, child development, and child welfare met at the Children's Bureau on July 10, 1944, for the purpose of discussing the care of children under 2 years of age whose mothers work. The conference brought together the viewpoints of pediatricians, psychiatrists, psychologists, social workers, and public-health nurses on the needs of infants and young children that should be considered in working out the problems arising from the war situation.

The conference asked the Chief of the Children's Bureau to appoint a continuing committee to review the various questions involved and make recommendations as to methods by which the needs of children under 2 years whose mothers are employed can best be met.

BOOK NOTES

THE SUBSTANCE OF MENTAL HEALTH, by George H. Preston, M. D. Farrar & Rinehart, New York. 1943. 147 pp. \$1.75.

Dr. Preston has tried in his book to give the average lay reader some understanding of the basic laws of mental health. His material is simply and amusingly presented. He gives examples of cause and effect in the development of human feeling and behavior, particularly in terms of one's relationship to oneself and to others. This is aptly summarized in his statement, "Since mental health is a function of living human beings, it must be defined in terms of active human relationship." The author sees mental health as consisting of the ability to live: (1) Within the limits imposed by bodily equipment, (2) with other human beings, (3) happily, productively, without being a nuisance.

In the author's words, "The full development of mental health depends upon the existence within the family circle of three common qualities: Affection, praise, and consistency in the sense of freedom from rapid, frequent, un-

predictable change. * * * Administered in proper doses, these three elements make it possible for a child to deal comfortably with other humans, with himself, and with organized society."

BRINGING UP OURSELVES, by Helen Gibson Hogue. Charles Scribner's Sons, New York, 1943. 162 pp. \$1.50.

The title of this book is somewhat misleading, since the author emphasizes the role that other persons play in our lives. The principles upon which healthful development of personality is based are discussed in popular language, with stress upon the importance of love, hate, and fear in personality development. Brief case stories describe successful redirection of behavior into socially acceptable channels. The book frequently reminds the reader of his responsibilities as a participating individual in the family, in the community, and in democratic society as a whole. Notable chapters are entitled, "Resolving tensions creatively" and "The religious need." A useful list of suggested readings is included.

What the best and wisest parent wants for his own child, that must the community want for all of its children.—*John Dewey.*

• INTER-AMERICAN COOPERATION •

Brazil

The Federal labor laws of Brazil have been codified, with some changes, and the code became effective November 10, 1943.

The child-labor provisions of the code include those of the child-labor law of 1941, with the following additions: Every owner of an industrial establishment situated farther than 2 kilometers (about 1¼ miles) from a primary school must set up such a school if he employs 30 or more illiterate workers less than 18 years of age. Social-insurance organizations are required to promote the establishment of playgrounds and vacation camps for young workers. Industrial establishments are required to admit for training a certain number of young people, in accordance with a 1942 law on this subject; these young people must have attained a minimum age of 14 years (instead of 12 as in the 1942 law), must have sufficient education to permit them to benefit from the instruction, must be physically and mentally fit for the chosen occupation, and must be free from contagious disease; applicants rejected for training must be given advice on the choice of a suitable occupation.

Some changes have also been made in the regulations concerning the employment of mothers. Whereas under a law of 1932 employment of women was prohibited for 4 weeks before con-

finement and 4 weeks afterward, under the present code these periods have been extended to 6 weeks each, and the maternity benefits paid during that time by the social-insurance organizations, formerly half of the woman's wages, have been doubled. The obligation—placed on employers by a previous law—to provide and maintain day nurseries for the children of women employees is transferred now to the social-insurance organizations. Standards of hygiene are prescribed for these day nurseries.

Brasil, Ministério de Trabalho, Indústria e Comércio, Comissão Técnica de Orientação Sindical, Consolidação das Leis de Trabalho, Rio de Janeiro, 1943.

Chile

Boletín de la Dirección General de Protección a la Infancia y Adolescencia, the first number of which is dated December 1943, is the organ of the national official agency of Chile, Dirección General de Protección a la Infancia y Adolescencia. The Dirección, established in 1942 to carry out a program of reorganized and centralized work for mothers and children, consists of several divisions, each devoted to a special branch of the work. Dr. Guillermo Morales Beltrami is the Director.

The Boletín contains information on some of the work done so far by the Dirección, articles discussing child welfare in Chile, and a section of news notes from other countries.

CONFERENCE CALENDAR

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| <p>Sept. 6-9. American Congress of Physical Therapy. Twenty-third annual scientific and clinical session. Cleveland. Permanent headquarters: 30 North Michigan Avenue, Chicago.</p> <p>Sept. 11-16. American Association for the Advancement of Science. Annual meeting. Cleveland. Permanent headquarters: Smithsonian Institution Building, Washington.</p> <p>Oct. 2-6. American Hospital Association. Annual meeting. Cleveland. Permanent headquarters: 18 East Division Street, Chicago.</p> <p>Oct. 3-5. National Safety Congress and Exposition. Thirty-third meeting. Chicago. Per-</p> | <p>manent headquarters: 20 North Wacker Drive, Chicago.</p> <p>Oct. 3-5. American Public Health Association. Second wartime public-health conference and seventy-third annual business meeting. New York. Permanent headquarters: 1790 Broadway, New York.</p> <p>Oct. 25-27. American Dietetics Association. Twenty-seventh annual meeting. Chicago. Permanent headquarters: 620 North Michigan Avenue, Chicago.</p> <p>Nov. 9-11. American Academy of Pediatrics. Annual meeting. St. Louis. Secretary: Dr. Clifford G. Grulee, 636 Church Street, Evanston, Ill.</p> |
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